

Application - Rental Housing Inspection Certificate

Address:	# of units at this address:
Type of Unit: □duplex/bi-attached □mult	i-family □single family detached □other
Property Owner: Phone:	
Address:	City, State, Zip:
Property Owner's e-mail:	
Manager Name:	Phone:
Address:	City, State, Zip:
Manager's e-mail:	
pe of Unit: □duplex/bi-attached □multi-family □single family detached □other perty Owner: Phone: Phone: Phone: □ prety Owner's e-mail: □ prety Owner's Owner'	
Make checks payable to: City of Ankeny	Mailing Address: 220 W First Street, Ankeny, IA 50023
Office Use Only: Date Paid: Amount:	Check #: Cash Initials:
	INSPECTOR CERTIFICATION
l,	, hereby state that I have inspected the rental unit(s)
located at:	and I certify this/these
unit(s) comply on this date	with the provisions of the City of
Ankeny Property Maintenance & Housing Co	de "except the following:
Inspector's Signature	
this/these rental dwelling unit(s) was in com Maintenance & Housing Code. This certificat	pliance with the provisions outlined in the City of Ankeny Property te is granted to the above listed property owner to operate and maintain
Approved for issuance by:	
Building Official	 Date
Expiration Date:	Certificate #